

Case Number:	CM13-0015485		
Date Assigned:	12/11/2013	Date of Injury:	04/25/2012
Decision Date:	01/29/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old male with a reported date of injury on 04/25/2012. The patient presented with pain in the lower back rated 6/10 to 7/10, limited mobility of the lower back, occasional limping, pain radiation from the lower back to the bilateral buttocks and the bilateral thighs, tingling and numbness of the legs which radiates to the feet, moderate tenderness upon palpation in the par lumbar area from L1-S1 bilaterally, muscle spasms, limited and painful range of motion of the lumbar spine, and moderate tenderness noted in the greater sciatic notch. The patient had a negative Patrick's test and a negative flip test. The patient had diagnoses including L3-4 degenerative disc disease, old L4 compression fracture, spinal stenosis, degenerative disc disease, and radiculopathy. The physician's treatment plan consisted of a request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODF), best practice.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend patients should undergo a 6 session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. Within the provided documentation, the requesting physician did not include a complete recent assessment of the patient's current objective functional condition in order to demonstrate deficits that need to be addressed with physical therapy. Within the provided documentation, it appeared the patient attended physical therapy in the past; however, the efficacy of prior physical therapy was unclear. Additionally, the request submitted did not include a site for the physical therapy as well as a number of sessions and frequency. Therefore, the request for physical therapy is neither medically necessary nor appropriate.